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CONFIRMATION NO. 5432

<b>SERIAL NUMBER</b> 10/787,421	<b>FILING OR 371(c) DATE</b> 02/26/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 960296.99187
<b>APPLICANTS</b> Majed M. Hamawy, Madison, WI;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/450,515 02/27/2003 / NMR 12/19/2006 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/21/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance Examiner's Signature <i>Nora M. Reamy</i> Initials <i>NMR</i>		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 16
		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 27114				
<b>TITLE</b> Marker proteins for diagnosing smooth muscle cell abnormalities				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	